

MULTIPLE DEPENDENT CLAIM

CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

FEE

SERIAL NO.

11/ 579012

FILING DATE

10.30.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
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8						
9						
10						
11	1		1			
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16	1		1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMEN		AFTER 2 nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						